

Name in Full

Certificate of Death

Martha Morris Blackistone

Town

County

Died at

River Springs

St. Marys

MARYLAND

Date ~~1902~~ 1902 Month July Day 30 Y. 63 M. 9 D. 9 Native of Maryland Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

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M. L. Tenable

Indian Office

Washington D.C.

Name in Full *Theodosia Brown*

Certificate of Death

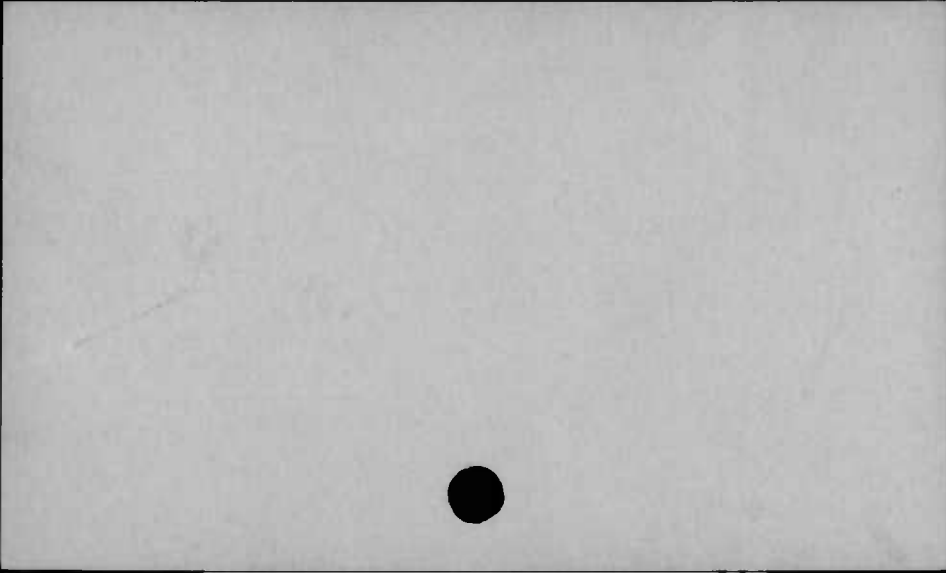
Died at *Charlotte Hall* Town *St Marys* County *MARYLAND*
Date 1902 *7* Month *1* Day *23* Y. *0* M. *0* D. Native of *St Marys* Occupation
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widow* ~~Deceased~~ *Number of children living* *1*

Husband of *Thomas Brown*
Wife of *Mr Sathorn*
Father's Name *Julia Ann Warren*
Mother's Name

Cause of Death { Primary *Syphilis* Immediate
How long sick *7 months*
Accident, Suicide, Homicide

Reported by *G. W. Petherbridge M.D.*
Address *Charlotte Hall Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas. A. Burch

Died at Milledown Town St. Mary's County MARYLAND

Date 1902 July 24 Month Day Y. M. D. Native of md Occupation Merchant
 Male White Married ~~Widow~~ ~~Divorced~~
 -Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Josephine Miller
 Wife of Albert Burch
 Father's Name Albert Burch Mother's Name bet

Cause of { Primary Apoplexy How long sick 6 days
 Death { Immediate Congestion of Lungs Accident, Suicide, Homicide

Reported by Walter B. Dent M.D.
 Address Oakley md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Lelia Carter

Town

County

Died at

Milestown

St. Marys

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

July 6

Age 12

St. Marys

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
ofFather's
Name

Walter Carter

Mother's
Name

Minnie Carter

Cause of

Primary

Tuberculosis

How long sick

12 mos.

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

Dr. Walter B. Dent-

Address

Oakley, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Thomas Carter

Died at River Grays Town St. Mary's County MARYLAND

Date 19 02 18 18 Month Day Y. M. D. Age 73 5 6 Native of Ind Occupation ---

Male White Married Widow Divorced ---

Female Colored Single Widower Number of children living 5-

Husband of Julie Carter

Wife ---

Father's Name Philly. Carter Mother's Maiden Name Alia A. Carter

Cause of Death { Primary Cerebral apoplexy Immediate --- How long sick 12 days

Accident, Suicide, Homicide ---

Reported by R. H. V. Palmer

Address Palmer Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma Curlio

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

July 10

Age 50

md

~~Male~~~~Whites~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

6

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Bright's Disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. D. King

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



MARYLAND

Name in Full

Died at

Date

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

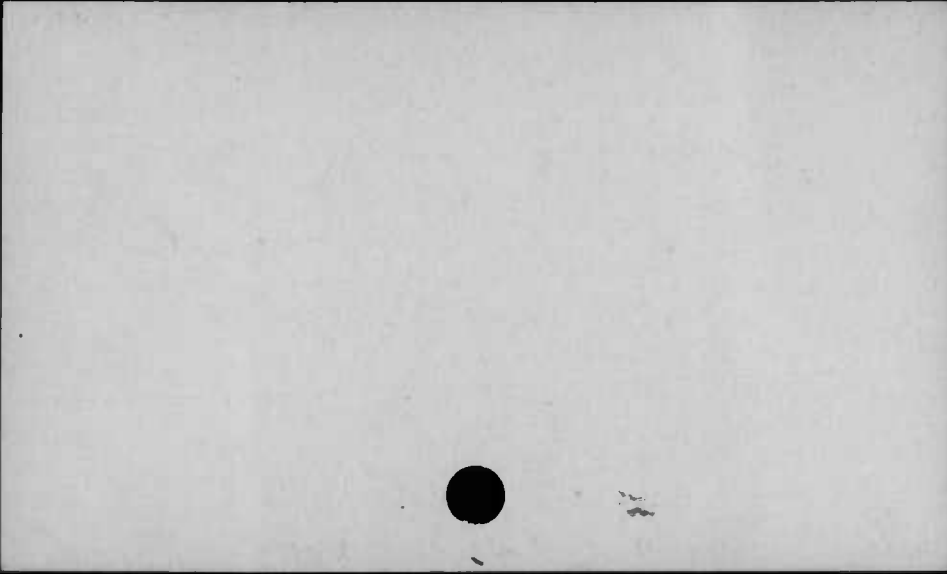
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jane A Howarth

Town

County

Died at

Leomardtown St. Mary's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 23

Age 46

St. Marys Co.

housewife

~~Male~~

White

Married

~~Widow~~~~Before~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption 27

How long sick

14 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. H. Greenwell

Address

Leomardtown St. Marys Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robt. Dyson

Town

County

Died at

Hollywood

St. Mary's

MARYLAND

Date 189 02 July 11

Age 56

Y. M. D.

Native of

Occupation

St. Mary's

Farm work

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Rebecca Dyson

Father's

Name

Frank Dyson

Mother's

Name

Lucinda Dyson

Cause of

Primary

How long sick

7 days

Death

Immediate

Paralysis

66

Accident, Suicide, Homicide

Reported by

Miss Stoll

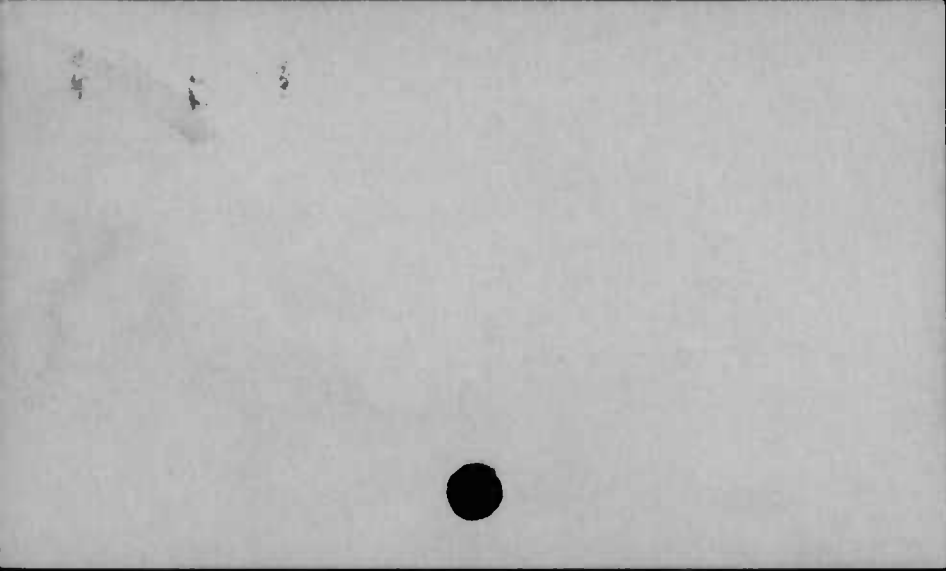
Address

Hollywood

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

1902

July 27

Age

1

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Scarlatina

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lewis Herbert

Town

County

Died at *Woodlawn Hill* *Sh. Mary's* MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	July	17	Age	51		Maryland	Farmer
Male	Female	White	Married	Widow	Divorced		
	Colored	Single	Widower			Number of children living	8

Husband of *Mary Adams*

Father's Name	Mother's Name
<i>Benedict Herbert</i>	<i>Emeline Maddox</i>

Cause of Death	How long sick
Primary <i>Phthisis</i>	<i>3 years</i>
Immediate	Accident Suicide Homicide

Reported by *Josh. R. Morgan*

Address *Mechanicville* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lizzie Jane Hicks

Died at ^{Town} Mechanicsville ^{County} St Mary's MARYLAND

Date 1902 ^{Month} 7 ^{Day} 10 ^{Y.} 26 ^{M.} . ^{D.} . ^{Native of} St Mary's ^{Occupation}

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of { Primary

How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by

Address

8
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Kate Nolan

Town

County

Died at

Hillville

St Mary's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July

18

Age

47

" "

Ind

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband
of

Wife

Father's

Name

Ned Nolan

Mother's

Maiden Name

Cause of

Primary

Perforated Aneurysm

How long sick

4 wks

Death

Immediate

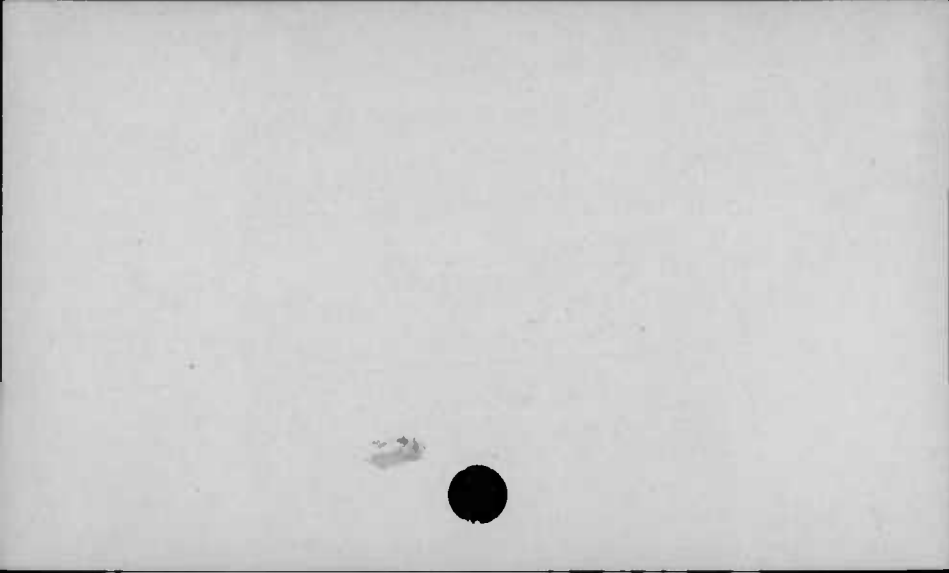
Accident, Suicide, Homicide

Reported by

J. J. King

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Henry Fitz Rugg

Town

County

Died at

Princeton

St Mary's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 14

Age

71 0/15

D.C. Watchman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Lucia Rugg

Wife

Father's

Name

Antennus Ruff

Mother's

Maiden Name

Theodosia Ruff

Cause of

Primary

Death

Immediate

Heart Failure

How long sick

abt. 15 min

Accident, Suicide, Homicide

Reported by

R. V. Palmer

Address

Palmer Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ellie A. Swann

Died at

Chaplin

Town

St. Marys

County

MARYLAND

Date

1902

Month

July

Day

21

Y.

M.

D.

Native of

Occupation

Age

4

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Francis Swann

Mother's

Maiden Name

Fannie Nelson

Cause of

Primary

Cholera Infantum

How long sick

Death

Immediate

Cerebro Spinal Meningitis

Accident, Suicide, Homicide

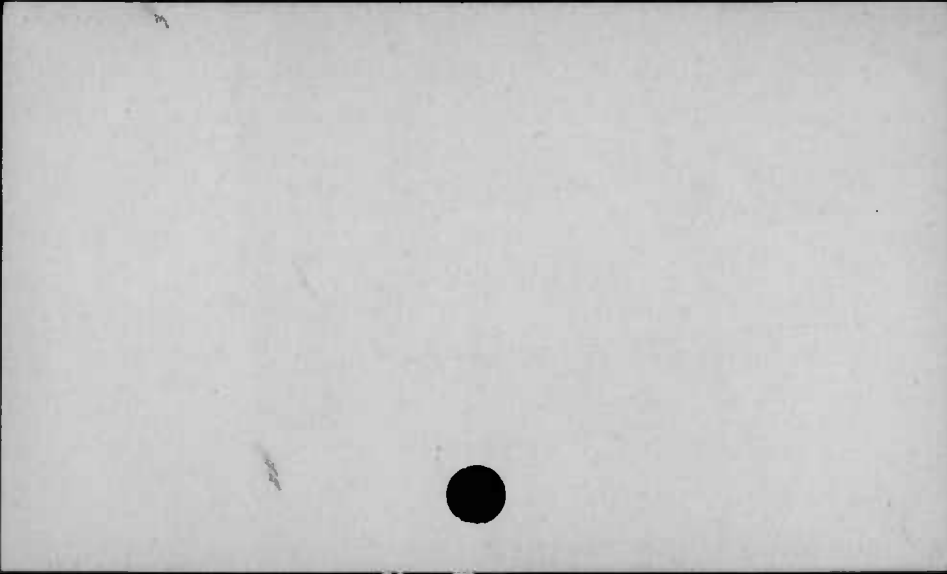
Reported by

L. B. Johnson

105

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edna Thomas
 Town County

Died at *River Springs* *St. Mary's* MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	July	25	1	5	10	Ind	—
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of _____

Wife _____

Father's Name *Robert Thomas* Mother's Maiden Name *Fizzie Wilson*

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	<i>Whooping Cough</i>	<i>Pneumonia</i>	<i>3 weeks</i>	

Reported by *Rev. V. Palmer*

Address *Palmer St Mary's Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind



Name in Full

Certificate of Death

Harriet Gayne Thomas

Town

County

Died at *Palmer's* *St Mary's* MARYLAND

Date 1902 *July* *6* Month Day Y. M. D. Age *70.1.6* Native of *Ind.* Occupation *—*

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *1*

Husband of *Robert Thomas* *94*
 Wife
 Father's Name *John Gayne* Mother's Maiden Name *Eliza Garner*

Cause of Death { Primary *Sclerosis of the Brain* How long sick *5 yrs.*
 Immediate *Inanition* Accident, Suicide, Homicide

Reported by *Rev. V. Palmer M.D.*

Address *Palmer Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary L Unkefer
 Town County

Died at

Beaumont

St. Mary's

MARYLAND

Date 1902

Month Day
 July 31

Y. M. D.

Age 48 - -

Native of

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

two

~~Husband~~ of

Frank Unkefer

Wife

Father's

Mother's

Name

Maiden Name

13

Cause of

Primary

Death

Immediate

Cholera Sporadic

How long sick

14 hours

Accident, Suicide, Homicide

Reported by

H. F. Greenwell

Address

Leonardtown St. Mary's Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Richard Young

Town

County

Died at

Hicksville St Mary's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 31

Age 72

Md

Farmer

Male

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

5

Husband of

Wife

Father's

Mother's

Name

Maiden Name

let

Cause of

Primary

Ruptured Blood

How long sick

6 hrs

Death

Immediate

Vessel

Accident, Suicide, Homicide

Reported by

J. O. Young

Address

Oakville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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